REGISTRATION FORM

Name:				Fathers Name:				
Address:				Work Phone:				
City:Zip:				Mothers Name:				
Home Phone:				Work Phone:				
Emergency Contact/Phone:				Cell Phone:				
Choice	Class #	Program Title	Days	Time	Fee	First Name	Age/Grade	
1 st								
2 nd								
1 st								
2 nd								
1 st								
2 nd								
1 st								
2 nd								
Make checks payable to: Village of East Troy Mail payment to: Parks & Recreation Department 2015 Energy Dr. East Troy, WI 53120 (or place in drop box)								
<u>Late Fees</u> – Registrations received after 3:30 pm on the deadline date are considered late. A non-refundable Late Fee of \$10 per participant, per activity will be assessed. The Recreation Director will determine acceptance of the late registration.								
Please note any special considerations we should be aware of: (medication, disabilities, etc.)								
T-shirts will be ordered for some programs – Please list participants name and shirt size: Youth S (6-8); M (10-12); L (14-16); Adult S, M, L, XL								
Name/Siz	ze:			_Name/S	Size:			
Please read the general information page before registering for any classes. Please note the cancellation and refund policies. You will be responsible to know the polices. Also, please make a not of all the classes you are signing up for as confirmation will not be sent. <i>Note: Registration will not be processed without payment.</i> Classes will be confirmed only if you are placed into your second choice class.								
WAIVED AND DELEASE OF ALL CLAIMS								

WAIVER AND RELEASE OF ALL CLAIMS

As a participant in programs, I recognize	te that there are certain risks of physical injury and I agree to assume the				
full risk of any injuries, including death	, damages or loss which I may sustain as a result of participation. I				
agree to waive and relinquish all claims	s I may have as a result of participating in programs against the Parks &				
Recreation Department, its officers, em	ployees and volunteers. I agree to hold harmless the Village of East				
Troy and its officers, employees and volunteers from any and all claims.					
CICNED.	DATE.				